

Story Changers

Teaching Package Pilot Phase - Consent Form

This consent form involves the participation of your child in a pilot implementation activity, which will take place as part of the European project **Story Changers: Enhancing Pupils' Social Skills and Enriching Teaching Methods Through Storytelling and Virtual Reality (Erasmus+ KA2, 2020)**.

Story Changers project aims to develop primary school pupils' social skills through a combination of storytelling and virtual reality, as well as to provide teachers with innovative teaching tools for the development of their pupils' soft skills.

The pilot phase of the teaching package of the project will last 6 hours. During this period, notes will be taken and photos/screenshots will be kept. All the data collected is confidential and any activity results will be anonymised. The objectives of the project and the activities that will take place in its framework, will be explained from the beginning of the pilot implementation. Throughout the activity, the participants will have the opportunity to ask any questions and will be requested to make recommendations through a pilot evaluation process.

A part of the pilot implementation of the teaching package for pupils of the 5th and 6th grade includes the use of Virtual Reality (VR) equipment. The aim of this equipment is to simulate a specific environment in a realistic and interactive way. The equipment consists of a VR headset which fully covers the eyes' area of the user.

Pupils with photosensitive epilepsy are strongly advised **NOT** to participate in this part of the pilot implementation through VR.

By signing this form, you declare the following:

1. I understand that my child's participation in the activity is voluntary and that the participants will be able to withdraw from the activity at any time without providing a reason.
2. I understand that the pilot implementation for this age group involves the use of VR equipment, as an alternative storytelling tool for the development of different sets of social skills.
3. I understand that all the information provided by the participants will be treated in confidence.
4. I agree that notes will be taken and a video recording and photos/screenshots will be kept during the activity.
5. I agree to take part in the workshop in order to support the Story Changers project in meeting its objectives.

Name of participant:

Signature of participant's parent/ custodian:

Date: